

# **Iowa Gambling Treatment Program Historical Summary**

## **Prepared by the Iowa Department of Public Health**

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#### **Program Overview**

The purpose of the Iowa Gambling Treatment Program is to promote and protect the health of Iowans by reducing problem gambling behavior. Since 1988 the program has funded agencies statewide to provide counseling for problem gamblers and concerned others as well as educational services to inform Iowans about the risks of gambling.

The changing climate of gambling in Iowa coupled with the findings of research and evaluation efforts have led to a number of changes in the program since it began.

Current services include:

- Counseling for persons affected directly or indirectly by problem gambling. The counseling services are provided through 10 treatment providers in 11 regions around the state.
- Evidence-based prevention and education services which aims to decrease the number of persons who are problem gamblers. These services provide information to Iowans about the potential risks associated with gambling and tips on responsible gambling.
- Information about problem gambling and provider referral through the 1-800-BETS OFF helpline.
- Transitional housing services for persons receiving problem gambling treatment and who have no other safe housing option
- Counselor training for clinicians providing problem gambling treatment and common co-occurring disorders.
- Evaluation of treatment services.

#### **Prevalence Studies of Problem Gambling in Iowa**

In 1989 and again in 1995 prevalence studies were done to estimate the number of problem gamblers in the state. In 1989 it was found that the lifetime prevalence of problem and pathological gambling was 1.7 percent. When this study was replicated in 1995 the number jumped to 5.4 percent. A prevalence study of this nature has not been conducted since 1995 but IDPH continues to receive annual data about gambling behavior from the Iowa Behavioral Risk Surveillance System (BRFSS). Since 2002 the percent of Iowans that report time spent gambling has led to problems in your family, work, or personal life ranged from 1.1 to 1.7 percent. The percent of Iowans that report money spent gambling led to financial problems has ranged from 0.9 to 1.6 percent. The findings for BRFSS and the 1989 and 1995 studies can not be compared. While BRFSS lacks the depth of the earlier studies, it provides an adequate measurement of the increase or decrease of the problem over time.

#### **Program Evaluation**

In 2002 the Harvard Medical School Division on Addictions conducted a study of gambling and gambling services in the state of Iowa. This study examined four years of program data from 1997 to 2001. In addition, the Harvard study examined the service needs of Iowans seeking problem gambling treatment. A full version of this report can be found at: [http://www.1800betsoff.org/PDF/Iowa\\_harvard\\_report.pdf](http://www.1800betsoff.org/PDF/Iowa_harvard_report.pdf)

Key conclusion and IDPH actions:

Harvard Study conclusions/recommendation	IDPH action
<p>Without limiting how services are provided, offer a buffet of treatment options to assure clients treatment needs are addressed. Evidence based treatment includes the use of services complementary to counseling</p>	<ul style="list-style-type: none"> <li>• Offer gambling counselor certification through Iowa Board of Certification (2006)</li> <li>• Incentives (scholarships) for agencies to send Iowa problem gambling treatment counselors to state, regional and national conferences. (2005 – ongoing)</li> <li>• Dramatically upgraded the number and quality of in-state trainings offered to gambling counselors.</li> <li>• Offer Transitional Housing for problem gambling clients who are active in outpatient treatment.</li> <li>• Offer financial counseling as a service for admitted clients.</li> <li>• The Iowa Gaming Association (IGA) implemented a statewide voluntary self exclusion program on that is used by commercial casino members and gambling treatment providers. It is offered as a deterrent to help a person choosing to get help to remain away from the casino.</li> <li>• Efforts to improve family and crisis services offered.</li> <li>• Exploration of Distance Treatment Option for rural areas without easy access to face-to-face counseling.</li> </ul>
<p>There is a significant difference between the number of IGTP gambling clients referred from Substance Abuse treatment (7%) and the number of IGTP gambling clients reporting previous Substance Abuse Treatment (23%).</p>	<ul style="list-style-type: none"> <li>• Adoption of screening tools to link substance abuse, mental health and gambling treatment.</li> <li>• Implementation problem gambling treatment licensure in 2007 with minimum treatment standards for the field in Iowa to include SA and MH screening for problem gamblers.</li> </ul>
<p>The study suffered from low participation rate. Only a small number of selected participants who were followed and interviewed post treatment.</p>	<ul style="list-style-type: none"> <li>• IGTP continues outcome research on treatment clients through the University of Northern Iowa (UNI), but the program is paying particular attention to the lessons from the Harvard study.</li> <li>• UNI and IGTP work collaboratively with providers to assure cooperation and by-in.</li> <li>• Several changes to the system are planned for next year based on recommendations of treatment providers.</li> </ul>

Practice guidelines emphasize the need to develop treatments for specific segments of the gambling population. The study identified youth as one such group that is at high-risk for problem gambling.	<ul style="list-style-type: none"> <li>• The strategic plan developed by the IGTP advisory committee also recognizes the vulnerability and risk of gambling youth. Efforts are planned in FY08 to begin exploring the prevalence of youth gambling in Iowa and effective prevention and treatment options.</li> </ul>
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In 2005 the IDPH contracted the University of Northern Iowa to build on the work that was started by Harvard and develop a treatment outcomes monitoring system that can be used ongoing. The Iowa Gambling Treatment Outcomes (IGTO) system attempts to create a more comprehensive assessment process for examining the effectiveness of gambling treatment services. Currently UNI is completing the second year of this outcome monitoring system.

Critical findings from the first year of the IGTO system include:

- Over 85 percent of the clients interviewed at the time of discharge said the treatment they received was beneficial.
- Iowans who stay with their recommended treatment program (completely or substantially) have important improvements in their lives. Most notably:
- Less gambling debt (before treatment the median debt was \$5,000 and at the end of treatment it was \$3,000.)
- Less criminal behavior (18 percent had an arrest in the year before treatment and 6 percent had an arrest while in treatment.)
- Less alcohol use (61 percent had no alcohol use before treatment and 71 percent no use after treatment.)
- Fewer job losses (23 percent lost jobs in the five years before treatment and 11 percent lost jobs during treatment.)
- Less engagement with gambling activities (29 percent did not wager in the month prior to treatment and 74 percent did not wager while in treatment.)

### **Funding of the Iowa Gambling Treatment Program**

The Iowa Gambling Treatment Fund receives 0.5 percent of the gross lottery revenue and 0.5 percent of the adjusted gross receipts from the casinos; also any money or thing of value that has been obtained by, or is owed to a voluntarily excluded person by a casino licensee as a result of wagers made by the person after the person has been voluntarily excluded. If moneys appropriated to the fund in a fiscal year exceed \$6 million, the amount exceeding \$6 million is transferred to the Rebuild Iowa Infrastructure Fund. The following chart provides a report of the past seven years of revenue and expense for the Gambling Treatment Program.

	<b>Gambling Treatment Program Available Funds</b>	<b>Gambling Treatment Program expenditures</b>
FY 2007	\$ 5,756,571	\$ 5,219,238 (est.)
FY 2006	\$5,878,701	\$4,332,131
FY 2005*	\$4,945,945	\$3,377,244
FY 2004	\$2,606,373	\$1,970,428
FY 2003	\$2,135,416	\$1,714,479
FY 2002	\$1,992,511	\$1,714,443

FY 2001	\$2,413,565	\$1,898,762
FY 2000	\$3,532,135	\$2,516,440
*Change from 0.03% to 0.05% of revenue from lottery and casinos		

Budget report of Transitional Housing services for Fiscal Year 2007.

<b>Contractor</b>	<b>Contract Amount</b>	<b>Amount Billed (7/1/07 to 5/29/07)</b>	<b>Balance</b>
Community and Family Resources	\$172,745	\$112,853	\$59,891
Central Iowa Gambling Treatment Program	\$51,905	\$51,905	\$0
Eastern Iowa Center for Problem Gambling*	\$51,905	\$30,967	\$20,938
Heartland Family Service	\$80,800	\$39,288	\$41,512
*Eastern Iowa Center for Problem Gambling began providing transitional housing services 5/1/07. The amount billed was for startup costs of the program.			

### **Timeline on Department Payment of Vouchers submitted by Contractors**

The department's goal is to pay vouchers within 21 days of receipt. Generally we have been able to meet this goal. The average payment time for treatment and education service providers since the beginning of the contract (October 1, 2007) and April 30, 2007 was 17 days. Of the 55 payment requests received by the department during this time, 7 took longer than the 21 day goal. The time range for these payments was between 26 and 70 days.

There are a few variables which caused these delays. The first being a key IDPH staff who unexpectedly took a medical leave in early April. When it became clear this staff would not return as anticipated the department restructured the payment process to assure that vendors are paid within the goal of 21 days. The second variable which has caused delays for some providers occurred when there was the discrepancy between the number of units reported on the claim voucher and the number of units reported in the Gambling Treatment Reporting System (GTRS). When the provider submits a claim voucher that reports more units of service than is reported in GTRS, payment is held until the provider corrects the problem and the discrepancy is resolved.

### **Profile of clients admitted to IGTP agencies in FY2006**

The following table provides a profile of clients admitted to services during Fiscal Year 2006. This does not include clients who were screened and not admitted or clients who were admitted prior to FY 06 and received services in FY06.

<b>Age</b>	<b>Total</b>	<b>Percent</b>
<25	58	8%
25-39	207	29%
40-54	289	41%
>=55	154	22%

<b>Gender</b>	<b>Total</b>	<b>Percent</b>
Male	352	49%
Female	356	51%

<b>Relationship Status</b>	<b>Total</b>	<b>Percent</b>
Cohabiting	48	7%
Divorced	131	18%
Married	326	46%
Other	2	1%
Separated	37	5%
Single	144	20%
Widowed	21	3%

<b>Race</b>	<b>Total</b>	<b>Percent</b>
No Response	14	2%
African Am/Black	27	4%
American Indian	4	0.5%
Asian	4	0.5%
Caucasian/White	660	93%

<b>Highest Grade</b>	<b>Total</b>	<b>Percent</b>
0-8	11	2%
9-12	382	54%
13-16	292	41%
17-20	24	3%

<b>Employment Status</b>	<b>Total</b>	<b>Percent</b>
Employed full time (35 or more hours per week)	411	58%
Employed part time (less than 34 hours per week)	80	11%
Not in labor force	140	20%
Unemployed (looking for work in past 30 days)	78	11%

<b>Occupation</b>	<b>Total</b>	<b>Percent</b>
Crafts/Operatives	34	5%
Farm Owners/Laborers	8	1%
Laborers	117	17%
None	200	28%
Prof/Managerial	148	21%
Sales/Clerical	116	16%
Service/Household	86	12%

<b>Individual Monthly Income</b>	<b>Total</b>	<b>Percent</b>
\$0	146	21%
\$1-\$499	23	3%
\$500-\$1,000	84	12%
>\$1,000	456	64%

<b>Referral Source</b>	<b>Total</b>	<b>Percent</b>
Alcohol/Drug Abuse Provider	58	8.2%
Community Mental Health Clinic	12	1.7%
Debt Counselor	2	0.3%
Employer/EAP	6	0.8%
GA/Gamanon	9	1.3%
Health Care Provider	20	2.8%
Helpline	227	32.0%
Other Community	14	2.0%
Other Criminal Justice/Court	51	7.2%
Other Individual	58	8.2%
School	2	0.3%
Self	223	31.5%
Spouse/Partner	27	3.8%

<b>Bankruptcy</b>	<b>Total</b>	<b>Percent</b>
Yes	221	31%
No	488	69%

<b>Total Debt</b>	<b>Total</b>	<b>Percent</b>
\$0	56	8%
\$1-\$4,999	96	13%
\$5000-\$9,999	69	10%
\$10,000-\$19,999	90	13%
\$20,000-\$49,999	142	20%
\$50,000-\$99,999	103	14%
\$100,000-\$299,999	139	20%
>=\$300,000	14	2%